

**REMARKS**

Claims 2, 9 and 10 are all the claims pending in the application. Applicants cancel claims 1 and 3-8, and add claims 9-10 to further define the invention by way of entry of this Amendment.

Claims 1 and 2 are rejected under 35 U.S.C. § 102(e) as being anticipated by Bufo et al. (6,731,311).

Claims 3-8 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Bufo et al. (6,731,311) in view of Kirshner (6,322,504).

**Analysis**

One of the benefits of the present invention provides an improvement over the prior art when a plurality of alarms are generated for a plurality of patients simultaneously. That is, ascertainment of the most prioritized displayed alarm. However, none of the cited references teaches or suggests this feature. At most, the user must make the determination by visually reviewing the display of all of the vital signs and manually deciphering which alarm condition should be ranked as the highest priority. None of the cited references teaches or suggests that the monitoring system itself has predetermined alarm rankings and determines the most prioritized. With the invention, the prioritized alarm information from among all the alarm information for the plurality of vital signs for the plurality of patients can be displayed.

This feature of the present invention is important because it helps personnel provide appropriate and timely assistance to patients according to precedence.

In order to more clearly define this feature of the invention, Applicants amend claim 2 accordingly. As discussed on page 17, lines 5-11 of the originally filed specification, the system

considers the vital signs and threshold values based on predetermined priority information, and determines the most prioritized alarm condition.

Since none of the cited prior art teaches or suggests this feature, claim 2 is patentable.

Claims 9 and 10 are directed to the apparatus providing this novel feature of the present invention. These claims are patentable for at least the same reasons as claim 2; namely none of the cited references teaches or suggests a system capable of prioritizing the alarm information at a bedside monitor which displays information for the patient at that bedside as well as other patients which are not located at that bedside.

### **Conclusion**

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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